

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.

For Official Use Only

AUG 10 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 9852	2 Fiscal Year Covered From 1/1/04 Through 12/31/04
3 Name and address of person filing Name Joseph Boyajian P O Box, Bldg Room No, if any Street 121 Brightnidge Ave City EAST Providence State RI ZIP Code + 4 02914	4 Name, file number, and address of labor organization Name TEAMSTERS LOCAL 251 Labor Organization File Number 030541 004-870 P O Box, Building and Room Number, if any Street 121 Brightnidge Ave City EAST Providence State RI ZIP Code + 4 02914
5 Position in labor organization BUSINESS AGENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

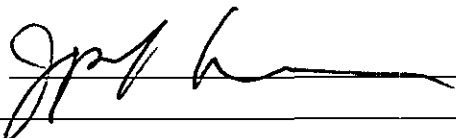
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount
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Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed



On

8-11-05 **401 434 0454**
Date Telephone Number

Name of Person Filing Joseph Boyajian	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Coia + Lepore LTD Trade Name, if any P O Box, Bldg, Room No, if any Street 226 S. Main ST City Prov State RI ZIP Code + 4 02903	9 Business deals with a Labor Organization b Trust <input checked="" type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Transcend Local 251 HSIP Trade Name, if any P O Box, Bldg Room No, if any Street 1201 Elmwood Ave City Prov State RI ZIP Code + 4 02907	11 a Nature of such dealing Provides legal benefit for participants of Local 251 HSIP 11 b Approximate dollar value of such dealing \$ 263,712.80 12 a Nature of interest held or income received CASE of wine for Christmas Gift 12 b Amount \$100. —

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment